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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Facts Connected with the Duration and Diagnosis of Rheumatism. By S. O. HABESHON, M. D., London, Physician to Guy's Hospital, &c.

What is rheumatism? and what is the value of its statistics?

From the variabilities in our English climate, rheumatism is a disease of most frequent occurrence, and not only do instances continually arise in ordinary practice, but it is almost the exception to find any person who has arrived at years of maturity who has not at one period or other suffered from rheumatic pain. Still, it is beyond the reach of our present knowledge to say precisely what rheumatism is, or to indicate the changes which take place in the organic chemistry of the system during

its attack. Some affirm that peculiar metamorphoses induce a disordered condition of the fibroid tissues of the body, and that in some persons these changes are more easily excited than in others, constituting a "rheumatic diathesis." Others advance a step further, and assert that the production of lactic acid by perverted nutritive changes constitutes the proximate cause of rheumatism. Dr. Prout suggested that this acid was the origin of the rheumatic symptoms, and Mr. Simon and Dr. Richardson have demonstrated that if introduced into the system, as by injection, it will produce symptoms of cardiac inflammation resembling rheumatic endo- and peri-carditis; and the presence of acid perspiration, the excess of uric and sulphuric acids in the urine, have seemed to favour some such an hypothesis. But one symptom does not constitute rheumatism, for there is in this malady a di-

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turbance of the whole organism, and not only the blood, and fibrous tissues, but the entire *nervous* system is involved in the morbid process.

It is not surprising that there is a remarkable difference in the severity and in the duration of rheumatism; and, in many instances, these peculiarities may be explained by constitutional complications. Both inherited and acquired morbid tendency thus greatly modify the course of rheumatic disease; one malady does not preclude the existence of another; these associations are often overlooked, they render an uniformity in treatment almost impossible, and they greatly diminish the value of statistical returns.

Some of these complications may be briefly dwelt upon, and they are of undoubted importance in everyday practice.

1. Rheumatism occurring in strumous subjects.
2. Rheumatism after syphilis, without ordinary periostitis.
3. Rheumatism with, or directly after, gonorrhœa.
4. Rheumatism in persons of intemperate habits.
5. Rheumatism in advanced life.
6. Rheumatism with miasmatic poisoning.
7. Rheumatism accompanying zymotic disease.

1. The occurrence of rheumatism with struma is by no means an unusual event. It is not only found amongst the poor, but even amongst those who are enabled to use every means of protection from exposure to cold, and from the inclemency of the weather. I might adduce many instances which have come under my care in the wards of Guy's Hospital. In some of these delicate patients, there is a greater tendency to persistent effusion into the joints; and in some patients organic disease of the larger joints is preceded by a true rheumatic attack; such cases are happily, however, rare. A short time since, a young man, on admission under my care at Guy's, was found to have effusion and commencing caries of the knee-joint, and it was considered as of a rheumatic character, for several other joints had been affected in a transient manner at the commencement of the acute symptoms. Again, it has appeared to me that rheumatic effusions into the pleura are more difficult of absorption in strumous subjects; and it is

probable that acute cardiac affections run a more rapid course.

In directing the treatment of rheumatism, a strumous diathesis should receive special consideration. Violent measures are badly tolerated, and the convalescence is thereby greatly retarded, even if irreparable mischief is not induced. Strumous subjects are most unfavourable for any depletory measures; and we cannot too strongly express our sentiments in reference to the free use of mercurial medicines. We have seen acute pericarditis come on during salivation, followed by great irritability of the heart; and the convalescence of patients affected with rheumatism, who have been treated with mercurial medicines so as to affect the system, is, we believe, slow and tedious.

Another fact well worthy of consideration, in reference to the effect produced by preparations of mercury, is that, when the valves of the heart have been thickened and contracted from old rheumatic disease, the relief arising from the increased activity of the abdominal glands by this medicine is often very marked; but, unless it be speedily withheld, the muscular fibre of the heart becomes enfeebled, and thereby dilatation is increased; and in some instances we have witnessed ulceration in an old damaged valve, which was possibly due to the same cause.

A favourite plan of treatment with some practitioners is the very free use of alkalies in acute rheumatism; but neither is this plan free from injurious effect, especially in strumous subjects. There are three conditions that we have thought attributable to, or, at least, greatly promoted by, this excessive administration of alkalies: 1, great anemia; 2, excessive irritability of brain; and 3, irregular choreal movements. The alkalies, doubtless, enter the blood, and that perhaps more readily than any other medicine; and, when given in immoderate quantity, they change the blood constituents in a manifest degree. The second condition of functional irritability of the brain is, perhaps, due to a similar cause. We are well aware that all these states may be quite independent of these remedies; but we believe that these conditions may arise from the improper use of remedial agents.

We do not mean to affirm that alkalies, when given so as to produce more free action of the kidneys and other glands, are not of service, nor that a free mercurial purga-

tive is not also beneficial; but to administer ounce after ounce of alkaline remedy to neutralize so much lithic acid or lactic acid, because the perspiration and the urine are unusually acid, is certainly neither physiological nor is its good result borne out by clinical experience.

Strumous subjects with rheumatism soon bear the preparations of steel with advantage, as the iodide of iron, the potash tartrate, &c.; and in some, especially chronic cases, cod-liver oil is of great value.

2. Periosteal disease is a common sequence of syphilis; and not only does the true periosteum become affected, but other fibroid tissues are implicated; pain is produced, and the patient is said to have rheumatism; but, besides this spurious rheumatism, persons who have been poisoned by syphilis are often the subjects of true rheumatic disease of the joints; the joints become red, swollen, and painful, and the malady presents all the characters of the simple ailment. We have, however, found that it subsides less easily, and is very apt to return on the slightest exposure to cold and wet.

In the treatment, alkalies are often of great value, especially the iodide of potassium; and, where there is diminished power, these alkaline remedies should be combined with quinine or with bark in one or other form.

3. Whilst some altogether deny the existence of gonorrhœal rheumatism, others regard it as a form of pyæmia; gonorrhœa is, unfortunately, so common a disease, that very many hospital patients are found with it; and in many instances only a short period elapses before the symptoms of rheumatism are developed, or they arise whilst the discharge continues. What, however, is the relation of the two ailments? Is their occurrence a mere coincidence? or does the pain in the joints arise from a poisoned condition of blood allied to suppurative fever? Instances have occurred in which acute suppurative articular disease of a fatal kind has happened, several joints being involved, for which no cause could be traced but the gonorrhœa then existent. Still, whilst numerous instances of gonorrhœa occur without any articular affection, or any recognizable disease of the blood, the following instance shows the manner in which the veins sometimes become involved. A patient, some years ago, was admitted under

my care into Guy's Hospital for acute pneumonia on the right side. The symptoms were well marked; and, with saline treatment (bicarbonate of potash), he speedily convalesced, and was about to leave the hospital. Fatal symptoms, however, very unexpectedly came on; for, after a good night and partaking of his usual breakfast, even assisting to clear away the breakfast things, he told the nurse that he was faint; he sat down upon the edge of his bed, and in about half an hour he died. The lung was recovering, as we expected, and the pneumonic deposit in it had become nearly absorbed; but we found, what had previously not been ascertained, that he had recently suffered from acute gonorrhœa. The veins at the base of the bladder were filled with adherent fibrin, the iliac veins were in a similar state; and a clot separated from these veins had been carried to the right ventricle, and the action of the heart became so embarrassed as to cause speedy death. Rheumatism associated with gonorrhœa or gleet is, we believe, unusually persistent.

4. In persons of intemperate habits, whose vessels have become diseased and the viscera damaged, we have another cause for longer duration in an attack of rheumatism; but this obstinacy of character is still more manifest where—

5. The malady occurs at a period of life, when the vessels have become degenerated. Senile rheumatism has peculiarities, and one of them is greater persistency.

6. When persons who have resided in miasmatic districts become affected with rheumatism, there is a more marked periodicity in the symptoms: one day the skin being normal, the next clammy and perspiring, with rheumatic pains. We have witnessed, with enlarged spleen, sudden severe eruption on the skin, at first, in red blotches of roseola, and afterwards blebs, resembling rupia escharotica, showing that there was, at least, peculiar cachexia, modifying the rheumatic affection.

7. Instances have been recorded, in which zymotic diseases, as typhus and typhoid, have been accompanied with rheumatism. I have never witnessed well marked instances of this kind; but there is nothing opposed to the known facts of disease, that an affection, having its origin in disordered metamorphic changes, should coexist with one arising from animal poison, as typhus. It must, however, be remembered, that some

cases of pyæmia closely resemble typhus fever. A few months ago, a woman was under my care in the hospital for chronic rheumatism. She slowly convalesced, and was about to return home partially relieved. In the next bed was a severe case of typhus, and the rheumatic patient became alarmed, the tongue became dry and brown, the pulse small and very compressible; there were no maculæ, and the temperature was not much increased. It was feared that she might sink from exhaustion; stimulants were given freely; she rallied in a few days, and left the hospital. It was doubtful whether the symptoms arose from nervous alarm, or whether the contagion of typhus had anything to do with the sudden prostration. If, then, there be such complications, and others that might be mentioned, statistics, unless compiled with more than ordinary care, must be exceedingly deceptive and of comparatively little value.

Again, whilst there are many characteristics of true rheumatic disease, few maladies are more easily mistaken, and there is no sign which is *uniformly* present. Pain is, perhaps, the most constant indication, with stiffness of one or other joint; but rheumatic pericarditis may, and often does exist, without any pain whatever. The same may be said in reference to febrile symptoms, to increase of temperature, and to changes in the urine; none of these signs are pathognomonic.

Many maladies are designated rheumatic which have no connection with that disease.

1. *Diseases of the spine* are often said to commence with an attack of rheumatism; but it will generally be found that the pain in the course of the nerves or in the fibrous tissues arises from direct implication of the nerves or of their centres.

2. The same remark applies to pain produced by the pressure of *cancerous, aneurismal*, or other tumours. Thus cancerous disease of the lumbar glands is often mistaken for lumbago; so also the pain from aneurismal disease of the thoracic and abdominal aorta, when no pulsating tumour can be detected, is referred to rheumatism.

3. During the course of *renal disease*, abnormal irritation arises not only in the serous membranes, producing pericarditis, pleurisy, peritonitis, &c., but a similar change happens with the synovial membranes, and a form of disease is induced which simulates rheumatism.

4. In chronic poisoning by *lead*, vague pains in the fascia, as well as in the joints, have been designated "saturnine arthralgia."

5. We have already referred to *periosteal disease* as a source of fallacy in the diagnosis of rheumatism.

6. *Shingles* or *herpes zoster* may be found in the course both of the cerebral and spinal nerves; and the severe pain which precedes the eruption of the vesicles, and which also follows their disappearance, closely simulates local rheumatism.

7. A more important disease, and one which is attended with fatal issue, is *pyæmia*. It closely resembles rheumatism; for, with rigor and febrile symptoms, there is fixed pain and swelling in the joints—first one, then another, being affected, though without subsidence of those parts first attacked. But, whilst there may be some similarity in the symptoms, the prognosis is widely different. The one is generally a curable disease; the other, a fatal one.

We might also refer to the severe pains in the back which precede some of the exanthems, as smallpox; and to the general *malaise* of fever; but these could scarcely be mistaken for rheumatism. And, lastly, the symptoms described as arising from acute *trichinosis* have some resemblance to rheumatism in the pain in the limbs. I have never seen an instance of a patient dying in consequence of this affection, although in numerous cases I have witnessed the *trichina spiralis* in the muscles after death.

It is an excellent rule, whenever there is local pain, to examine for a local cause; but it is often surprising to notice the strange maladies which are designated as rheumatic, at one part or other of their course, from the character of the pain; and, even when the disease is truly rheumatism, we attach but little value to statistics drawn up without reference to individual peculiarity. The natural result of this disregard of constitutional difference is to follow a routine plan in the remedies employed; in fact, treating the disease rather than the patient. We believe that rheumatism may be greatly relieved, or shortened in its course, by the proper use of means; and we strongly deprecate the treating of mere symptoms, as both injurious and unphysiological. But we would urge that each case be estimated

in all its relations; and that a patient having severe rheumatism should not be at once dosed with calomel and opium, or with a certain number of drachms of saline medicine, irrespective of every other consideration.—*British Med. Journ.*, June 20, 1868.

HOSPITAL NOTES AND GLEANINGS.

Surgical Aneurism in the London Hospitals.—One of the most interesting facts in connection with practical surgery of modern times, both in our own country and on the continent, is the great diversity in the method of treating aneurismal tumours connected with arteries near the surface of the body. The cases recently reported in foreign journals by Beck, Frommhold, Vanzetti, Gussman, and others, together with some presented almost weekly to the visitors of metropolitan hospitals, prove that the Hunterian operation of tying the artery between the aneurism and the heart is, notwithstanding the frequent allusions made to it by hospital surgeons as a splendid example of a beneficial practical result derived from scientific research, rapidly falling into comparative disuse. Many new plans—as, for instance, the maintenance of the affected limb in a flexed position in some instances, and in a state of extension in others, digital compression, acupressure—needles, galvanopuncture, the injection of styptics into the sac, and the internal administration of acetate of lead—all these methods of treatment have been of late years applied with beneficial results; but so far has the need for a greater variety been carried, that even old and long-disused proceedings have again been resorted to, and the artery is now tied above and below the incised sac, compression applied both to the sound vessel and to the tumour itself, and ice and astringent agents placed over the swelling. This multiplicity of treatment may be considered a matter for regret, if it lead in any degree to uncertainty as to the best method of treating any single case. But it has the one beneficial result of widening the resources of the surgeon; and in cases where the Hunterian operation is not applicable, either from the position of the aneurism, the irritation and position of the arteries, etc., some other method is now generally tried, and a chance of recovery is given to

the patient which not unfrequently leads to success. A very interesting case of this kind was presented in the operating theatre of King's College Hospital on Saturday last. The patient, a middle-aged man, under the care of Sir William Fergusson, was affected with a large pulsating tumour in the left inguinal region. It was diagnosed as an aneurism; but, as the growth extended far upwards into the abdominal region and also downwards to the thigh, it was doubtful whether the disease had commenced in the common iliac, the external iliac, or the superficial femoral. The situation of the tumour rendered deligation of the vessel above it impossible. Some doubts as to the exact nature of the aneurismal sac prohibited the old method of opening up the tumour which has been carried out so successfully in modern times by Mr. Syme, and the state of the patient seemed to be hopeless. Sir William Fergusson, however, determined to give his patient a chance, and so performed that operation which has been seldom witnessed in the lower extremity, but is well known by the name of Wardrop's operation. The superficial femoral was tied in the middle third of the thigh; with what results this will be followed, it will be instructive and interesting to watch. There is a case of aneurism of the brachial artery just above the elbow-joint now in St. Mary's Hospital, under the care of Mr. Samuel Lane, which has been successfully treated by the "flexion method." The case is of great interest. The aneurism was of the size of a hen's egg, inflamed and painful, and the integuments discoloured. The patient was in a very bad state of health; and the blood so thin as to cause ecchymosis and discoloration under the skin from slight manipulation of the tissues.—*Brit. Med. Journ.*, March 21, 1868.

Resection of a Conical and Ulcerated Stump.—The original operation had been performed at King's College Hospital in November last, but in consequence of ulceration taking place in the flaps the bone had protruded and left an unsatisfactory result. The operation simply consisted in removing two or three inches of the bone, and taking a good flap from the back of the leg. Sir W. Fergusson afterwards made some clinical remarks on the subject of bad stumps, in which he stated that, in spite of recent ad-

vances in surgery, indifferent stumps were not uncommonly met with; indeed, a certain proportion of bad stumps seemed to be looked upon as a matter of course. Those who opposed the practice of excision had brought forward every possible objection to this procedure, and spoke of amputation as a simple and successful operation; but we rarely hear of the unsatisfactory stumps which sometimes result, and which constitute an important consideration in determining the comparative value of these two methods.

Two Cases of Incontinence of Urine from Earliest Childhood, Cured by Mechanical Dilatation.—A cause of incontinence of urine is indicated in the following cases which is not generally recognized. The treatment which Dr. BRAXTON HICKS, of Guy's Hospital, applied was very successful, and we have no doubt that the record of it will be of great service to practitioners who have patients suffering from this very troublesome condition.

CASE 1. — M. A —, about twenty-two years old, had suffered ever since she can remember from nocturnal incontinence of urine, and almost incessant desire to micturate during the day. Had been under a great amount of treatment. She was admitted into Guy's Hospital under one of the surgeons, who examined for stone, but found none, nor any disease of the bladder, but a contracted one. Dr. Hicks offered to take charge of her. He began first by injecting solution of morphia, which lessened the irritability to a great extent, so much so that she was free for two or three nights from her distress. However, no further progress was made, but rather retrocession. Dr. Hicks then ordered the bladder to be distended as much as possible by plain warm water. This was done by his clerk, Dr. Chas. Smith, very carefully, daily. Almost directly she derived benefit, and in the course of a week she was quite well. The treatment was kept up for a week more, and she went out. After three months the nocturnal incontinence returned, and she was readmitted; but the bladder became rather more irritable. Morphia was again used, but not acting so well as before, an injection of nitrate of silver, twenty grains to the ounce of water, was employed. This caused some pain after, but in a week she improved, with occasional trouble at night. She could

hold half a pint of urine at a time in the day, but not so much at night. However, by an occasional injection of morphia she gradually regained the power of retention, and went out again free from her complaint. It was curious that for two or three days of the latter part of her treatment she was troubled with complete retention of urine; this, possibly, was of a nervous character.

Dr. Hicks remarked that the constant evacuation of urine permitted by some mothers to their children allowed the bladder to become so constantly empty, that after a time the muscular power of the sphincter was not sufficient to counteract the contractility of the organ. In recent cases, no doubt this could be voluntarily overcome by adults; but in old-standing cases, although we might do much by lessening the sensibility of the bladder, yet we might proceed at once to overcome its resistance by mechanical force, so that further treatment would not be required. This was strongly shown in the following case, which recently was under his care in Guy's Hospital.

CASE 2.—The history of this case was precisely similar to that of the last. The bladder was at once injected with water; it shortly held half a pint. The incontinence was rapidly cured; and the patient went out to service.

Both these girls had been unfit for service from their complaint. Dr. Hicks suggested the applicability of this treatment to both sexes, in cases with similar history; at any rate it would be harmless unless violence were used. He thought it was possible that in some of the cases there were congenitally small bladders, and these possibly might be more difficult to manage. —*Lancet*, July 4, 1868.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Tobacco a Cause of Bald Heads and Gray Hair.—Dr. D. B. HOFFMAN states (*Pacific Medical and Surgical Journal*, June, 1868) that a large proportion of the young men in California are bald headed and have gray hair, which is not the case with females. This he is inclined to attribute to the excessive use of tobacco by the men. In support of this view he relates the case of one of his patients, under forty

years of age, who had been in the habit of using tobacco to excess, and had been for five or six years both bald-headed and gray-haired. With great resolution he abandoned the use of tobacco; the result was that he entirely recovered his health, which had been bad; his whole head had become covered with a luxuriant growth of fine black hair, and he lost the sallow, beeswax hue of skin so common in those who use tobacco to excess.

Medical College of the State of South Carolina.—Since the publication of the annual circular of this school, Professors Miles and Chisholm have resigned from the chairs which they respectively occupied. Professor R. A. Kinlock has been transferred to the Chair of Surgery, made vacant by the resignation of Professor Chisholm; Dr. George E. Prescott has been elected to the Chair of Materia Medica and Therapeutics, in the place of Professor Kinlock, transferred, and Dr. Middleton Michel has been elected to the Chair of General Anatomy and Physiology, vacated by the resignation of Professor Miles.

University of Michigan and Homœopathy.—We have just received the annual circular of the above University, and take pleasure in laying before our readers the following extract from it.

"In consequence of an act of the legislature of Michigan at its last session, granting aid to the University on the condition that a professor of homœopathy should be introduced into the medical department, much agitation and annoyance have been experienced by its friends; but the faculty are now happy to announce to the medical profession and all the friends of legitimate medicine, that the Board of Regents, who control the University, at a recent meeting resolved, with but a single dissenting vote, that under no circumstances should such professor be introduced into the Medical College at Ann Arbor; and the Supreme Court of the State having since decided that all previous action of the Board making provision for the establishment of a school of homœopathy at another place, is not a compliance with the law, and such action thus becoming null and void, the faculty are enabled to assure the profession that the *Medical Department of the University of Michigan is entirely free from*

the remotest connection with homœopathy—that its curriculum will not be changed, and that it will remain, as heretofore, unaffected by any form of irregular teaching or practice."

Long Island College Hospital.—Prof. AUSTIN FLINT, Senior and Junior, and FOSTER SWIFT, have resigned their respective chairs in this Institution.—*Med. Record*, July 15, 1868.

Private Clinical Instruction in Lung and Eye Diseases.—Dr. FRANK DONALDSON, Prof. of Physiology, Hygiene, and General Pathology in University of Maryland, and Dr. J. J. CHISHOLM, late Prof. of Surgery in Medical College of the State of South Carolina, the latter having taken up his residence in Baltimore, propose receiving, next winter, private classes of students and others to instruct in diseases of the lungs, heart, and throat, and in diseases of the eye and ear.

Testimonial to Dr. Marsden.—On the 10th of June last, a silver porte-monnaie containing six hundred and fifty dollars was presented to Dr. W. Marsden, by a number of prominent citizens of Quebec, Canada, "in recognition of his long continued and successful efforts in propagating sound principles on the doctrine of contagion and infection in pestilential diseases, and especially in relation to quarantine and isolation in Asiatic cholera."

New Sydenham Society's Publications.—Messrs. Lindsay and Blakiston, of Philadelphia, have made arrangements with the Hon. Local Secretary, R. J. Dunglison, M. D., and with the approval of the Society's agent in London, to act as agents in this country, for the works issued by the new Sydenham Society. The subscription for 1868 will be ten dollars in currency. *paid in advance.*

OBITUARY RECORD.—It is with deep regret that we record the sudden death, on the 22d of June, from disease of the heart, at the age of 65, of our esteemed friend, Dr. THOMAS C. BRINSMADE, of Troy, New York. Dr. Brinsmade was a most honourable and dignified gentleman and skilful physician. He was always zealous in the promotion of every plan for the advance-

ment of medical or general science; was one of the most active and useful members of the American Medical Association, and of the New York State Medical Society; and held prominent positions in both Associations. The public and the whole profession, no less than his immediate family and friends, have sustained by his death an irreparable loss.

FOREIGN INTELLIGENCE.

Death from Chloroform.—Dr. BILLROTH, of Vienna, relates, in the *Wiener Medizin. Wochenschr.* of June 6th, 1868, a case of death from chloroform which occurred in his practice two days previously. The patient, a man aged 26, was admitted into hospital in consequence of having, on the preceding Monday, cut the palm of his left hand with a piece of broken porcelain. There had been much hemorrhage, and the man was very anæmic; and, on the removal of the coagula and charpie, arterial hemorrhage occurred. In extending the fingers, in order to tie the bleeding vessels, so much pain was produced that chloroform was given. In about five minutes from the commencement of anæsthesia, there were convulsive twichings of the whole body. The chloroform was discontinued for a moment, and then resumed; and, when perfect muscular quiet was obtained and the examination of the fingers was recommenced, it was found that the hemorrhage had ceased, although the compression on the radial and ulnar arteries had been removed. The patient, who was in a semi-recumbent position, with his hand bent back, was now seen to be pale, with livid lips and weak respiration. Dr. Billroth opened the mouth, and drew forward the tongue. The pulse was now all but imperceptible; but the respiratory efforts were distinct, though irregular and weak. Tracheotomy was performed, and artificial respiration set up. In the course of ten minutes, the patient made three hurried respiratory efforts; but there were no signs of restoration of the breathing or circulation. After the artificial respiration had been kept up half an hour, the case was abandoned as hopeless. Dr. Billroth attributes the death to very violent spastic contraction of the heart in a subject weakened by loss of blood.—*Brit. Med. Journ.*, June 13, 1868.

Unrecorded Deaths from Chloroform.

It is our duty to record—and we do so with regret—that two unpublished deaths have occurred quite recently in London from the administration of chloroform—one, while it was being administered, for the purpose of extracting teeth, to a lady of rank in apparently good health, and who had taken it with impunity on a previous occasion. In the other case, it was administered for a secondary operation on the eye. In neither instance has an inquest been held, as the coroners were in each case satisfied that chloroform had been administered properly and with due care and judgment, and that the deaths arose from pure misadventure. We hear also this week of an earlier unrecorded death from chloroform at Dublin, prior to the performance of an operation on the eye. It is, we think, due to science and to humanity, that these deaths should be recorded in some form. The blessings and advantages of anæsthesia under the knife are so great, that it is not likely that even the fullest knowledge of the risks attendant upon the use of anæsthetics will influence persons who have to undergo serious operations to reject the opportunity of sleeping through the ordeal. But it is right that the full risks should be known both to the whole profession and to the public; and it is especially important that the particular mortality of each anæsthetic agent should be accurately ascertained.—*British Med. Journ.*, June 13, 1868.

We mentioned last week three recent cases in which the administration of chloroform had caused sudden death in this metropolis, under circumstances in which no blame could attach to the administrators, as it was given with all possible skill and precautions, and by able and experienced persons, and in which, therefore, the coroners did not think it necessary to hold inquests, nor had any public record been made. We regret to learn that subsequently to this another death under chloroform has occurred in a metropolitan hospital. The circumstances absolve the administrators from any shadow of blame; and no inquest has been held. We are of opinion, however, that it is the duty of all those to whom deaths from chloroform occur in their practice to take care that they are put upon record, with such details as shall render them instructive. The age, constitutional condition, and peculiarities of the patient;

the nature of the operation; the specific gravity and chemical qualities of the chloroform; the apparatus used and mode of administration; the symptoms of the patient; and the means employed towards resuscitation—should all be described. We can well sympathize with the pain which those feel in whose practice these untoward, and at present unavoidable, accidents occur; and the publication of names may even cause unjust prejudice and injury to individuals and institutions. It is possible, however, to put the case satisfactorily upon record without such detail; and it seems to us to be a duty to science and to society, which is much neglected. In conversation this week, we hear of two other authentic but unrecorded cases, one in private practice in London, and another in Birmingham.—*Ibid.*, June 27, 1868.

Anæsthetics in Operations on Children.—M. GIRALDÈS, on presenting the second number of his *Maladies Chirurgicales des Enfants* to the Société de Médecine de Paris, drew the attention of his colleagues to the chapter which relates to the employment of anæsthetics in operations upon children. He especially wished to protest against the discredit thrown upon them by M. Bouvier in an article contained in the seventy-third volume of the *Bulletin de Thérapeutique*, in which he gives an account of the three fatal cases of death under chloroform which have occurred in Germany, and one from the use of chloroform and ether in combination in the United States. If his views were to be adopted, it would be a calamity. He is, indeed, not an operator, and is not competent to speak on the question. Anæsthesia is, in fact, extremely rarely fatal in childhood, and of these four cases in two its agency is very questionable. Chloroform has wholly changed the face of the surgery in childhood, and were its employment banished from the use of surgery in general it would still be desirable to retain it for that of childhood. In diseases of the eyes, in injuries of the elbow, for the purpose of ascertaining whether fracture exists, in phlegmonous erysipelas, etc., in order to make the examination necessary for an accurate diagnosis, we must administer anæsthetics; for the child, being excessively sensitive, struggles and resists so as otherwise to render this impossible.—*Medical Times and Gaz.*, May 16, 1868.

Acupressure and Torsion as a means of Arresting Hemorrhage.—The council of the Clinical Society of London has appointed a committee to investigate, by the collection of clinical facts, the value of acupressure and torsion, as a means of arresting surgical hemorrhage.

Supposed Fungus origin of Cholera.—Dr. THUDICHUM read an interesting paper before the Royal Microscopical Society on Wednesday night, in which he referred to the recent researches of Thomé, Klobe, and Hallier, in connection with the development of fungi in the intestinal tract in cholera. The author adduced many arguments, chemical, microscopical, and pathological, to show that the poison of cholera is not of the nature of a fungus, but that it is a subtle change in the blood throughout the body, many of the evidences of which could be obtained by spectrum analysis. Dr. Thudichum's researches on this point, we understand, will shortly be published *in extenso*.—*Lancet*, June 13, 1868.

Functions of the Pancreas.—Notwithstanding the numerous and careful investigations that have of late years been directed to the elucidation of the functions of the pancreas, the recent researches of KÜNE, FUDAKOWSKI, and of our own countryman Dr. M. FOSTER, show that much still remains to be learned. It is now very generally admitted that the pancreatic juice acts upon the three important alimentary groups included under the heads of the Albuminous, the Oleaginous, and the Farinaceous. It converts all the albuminous or proteic compounds into a substance which is not coagulated at the boiling temperature, and possesses a high degree of diffusibility, termed peptone; it emulsifies fat more perfectly than any other secretion in the body; and, lastly, it exerts an amylolytic power, as Dr. FOSTER terms it, over starch, rapidly converting it into grape sugar or glucose. What is it that enables this clear, viscid, transparent fluid to effect such wonderful changes? Is the active agent single, or is it multiple? And what is the nature of the action in each instance? Is it analogous to the agency of a ferment—a catalytic action—so that a minute portion of the juice will alter an indefinite quantity of the substance acted on; or is it a simple case of chemical combination?

Some progress has been made in replying to these questions. In the first place, we may refer to KÜHNÉ's observations. It is generally stated in the text-books that leucin and tyrosin, substances that are well known to result from the decomposition of albuminous compounds, are constituents of the pancreatic tissue, and are eliminated in the secretion. KÜHNÉ shows that they probably result from the action of the juice on peptone which has already been formed from albumen or other proteic compound. This is a matter of considerable interest; for it shows that already, while the food is still in the intestinal canal, a portion of it undergoes decomposition—a true *luxus-consumption*—into substances that are ordinarily regarded as belonging to the products of regressive metamorphosis. And it is also remarkable that the active agent of the pancreatic juice can effect, at a temperature of 100° F., the same changes in albumen as may be accomplished without the body by the addition of an acid and the application of a boiling temperature. It is probable that the substance termed *Pancreatine* is that to which this power is to be attributed. We may just add the results of one experiment: 100 parts of dry fibrin yielded 61 parts of peptone, 3.86 of tyrosin, 9.1 of leucin, and 26 parts of unknown substances, amongst which were anilin-like bodies, giving a red or violet colour with chlorine, water, or chloride of calcium.

Dr. FOSTER's researches have been chiefly directed to the determination of the nature of the substance by which starch is converted into sugar. This amylolytic power, though commonly stated to be possessed by all albuminoid compounds at a certain stage of decomposition, is in reality limited to certain fluids; and these manifest it as well when fresh as during any subsequent stage of decomposition. Thus human blister-fluid, the vitellin of the fowl's egg, and the serum of sheep's blood are powerless upon starch when fresh, and equally powerless in all stages of decomposition. But, from Dr. FOSTER's investigations, it seems doubtful whether this remarkable power is really associated with any of the ordinary forms of albumen; it is certainly not with *pancreatine*, since, as he has shown, if pancreatic juice or infusion of pancreas be saturated with sulphate of magnesium and filtered, the whole of the so-called *pancreatine* is retained on the filter, and yet

the fluid which has passed through the filter will be found to have lost a fraction only of its amylolytic power. In the same manner it may be shown, in the case of saliva, that the converting power depends neither on the mucus nor on the globulin, since it retains its energy when freed from both of these substances. The ferment, therefore, seems to be something quite separate and distinct from the albuminous compounds, and this view is materially corroborated by the facts that the amylolytic power is by no means commensurate with the quantity of proteids present, and that the presence of neutral salts, even to saturation of the solution, has no appreciable effect. It is remarkable, however, that it should always occur in fluids containing proteic or albuminous compounds, and that it should lose its powers at about the same temperature as effects the coagulation of the various albuminous compounds. It has been proved by Dr. FOSTER that in the case of saliva, and therefore we may with all probability assume in the case of pancreatic juice, the ferment is *not* consumed during its action on starch; which is fully borne out by the well-known fact that a definite quantity of amylolytic fluid will sooner or later convert any quantity of starch into sugar. Dr. FOSTER has made a few additional investigations on the distribution of the amylolytic ferment, and has found it to exist in the tissue of the liver, in the pleural and peritoneal fluids, and in the blood and urine. He conceives that the disease *diabetes* is due, not to any excess, but rather to some modified action of ferment; since the amount of ferment passed in the urine per diem in six cases in which he examined it in no way exceeded that passed by persons in health, and, further, the blood was not found to be more amylolytic than in health. These experiments we hold to be in the right direction for affording an explanation of this singular disease, and we trust Dr. FOSTER will be induced to continue them. —*Lancet*, June 20, 1868.

Quinoidine.—Dr. CHALVET has repeated, before the Biological Society of Paris, experiments on efflorescence which tend to throw some doubt on Dr. Bence Jones's conclusions respecting quinoidine. The facts, however, mentioned by the latter physician have been fully confirmed by Dr. Chalvet, whose experiments again prove

that the living tissues contain a substance giving rise to an efflorescence exactly similar to the refractive phenomena of sulphate of quinia. Dr. Chalvet has also found, like Dr. Bence Jones, that this efflorescence disappears in acute febrile diseases; but he does not agree with Dr. Jones as to the origin of this supposed quinoidine. Dr. Chalvet has shown, on the contrary, that this efflorescent substance exists in most articles of food, especially in wine and vegetable substances. From these researches the French author concludes that the so-called quinoidine is not derived from albumen; that it is introduced into the organism by the ingesta; that it mixes with the animal fluids, as happens with iron; but that (herein quite similar to iron) it does not spontaneously spring up in the animal tissues. As this quinoidine is rapidly eliminated, low diet somewhat prolonged must cause the efflorescence of the urine to disappear, and thus is explained the supposed destruction of quinoidine by fever. Dr. Chalvet is inclined to class the substance in question with quinia itself, which may be supposed to exist in infinitesimal quantities in all vegetables, and thus would its constant presence in the tissues and fluids of animals be accounted for.—*Lancet*, May 16, 1868.

Liquid Nitrous Oxide Gas.—Nitrous oxide gas for anæsthetic purposes has been obtained in a new form. Dr. Evans, of Paris, who was one of the first experimenters with the gas, has brought over nitrous oxide liquefied by the combined agency of compression and cold. The liquid nitrous oxide is contained in an hermetically sealed vessel, in shape something like a small cannon, made of gun metal. On turning a tap the fluid escapes, and immediately volatilizes with intense cold. For anæsthetic purposes it may be conveniently received in a "Clover's bag." The gas thus liberated has been administered by Mr. Clover in four dental cases, and in a case of strabismus operated on by Mr. Haynes Walton. Mr. Clover informs us that he still retains his confidence in the safety of this agent. He has now given it in two hundred and fifty cases without the slightest misadventure, and he has no reason to regard it as specially dangerous.—*Med. Times and Gaz.*, July 11, 1868.

Effects of Lightning.—M. BECQUEREL related to the Academy the fact that during the violent storm of June 21 a workman who was at some distance from the point struck by the lightning underwent a violent shock, from the effects of which he did not recover for two days. All the nails were torn out from the sole of one of his boots, which M. Becquerel exhibited as a proof of the occurrence. Several academicians cited similar facts, and, among others, M. E. de Beaumont an instance of where the nails were torn out from the butt-ends of muskets. M. Morin also alluded to a pile of balls placed near a powder depot that was overturned two successive days during two storms which destroyed the lightning-conductor. Marshall Vaillant also mentioned the case of a man struck by lightning, one of whose shoes, picked up at a great distance, was found to have had all its nails drawn.—*Med. Times and Gaz.*, July 11, 1868.

Early Dentition.—M. GUÉNIOT related to the Société de Chirurgie the case of an infant which, when nine days old, exhibited a spontaneous expulsion of the two middle upper incisor teeth, together with the destruction and expulsion of the dental bulb. There was some gingival stomatitis, but no abscess of any kind. The teeth resembled two solid shells, covered with a thin layer of enamel. These cases are rare. In connection with this subject M. Guéniot enumerated several celebrated persons who are said to have been born with teeth, such as Mirabeau, Mazarin, Louis XIV., to which he would have added that of M. Broca had not this gentleman disclaimed any right to such a distinction. Believing the fact generally admitted, that infants are occasionally born with teeth ready cut, we are greatly surprised to find so experienced an accoucheur as M. Blot utterly denying its accuracy. He says he has never met with an instance of its occurrence in 30,000 infants that have come under his observation, and the experience of his colleagues is just as negative. However, that unfailing repository of information, M. Giraudeau, was enabled to refer to numbers of cases of children born with one or more teeth; and he has met with similar cases in his own practice. M. Beaneir observes also that such cases are familiar enough to matrons, who are in the habit of at once extracting the teeth. We

suspect that this operation must have been already performed in cases that otherwise would have attracted M. Blot's attention.—*Med. Times and Gaz.*, May 16, 1868.

Poisoning by Phosphorus.—M. MIALHE, having been lately engaged in a medico-legal investigation on a case of poisoning by phosphorus, was led, during the experiments he performed, to alter his views in relation to the absorption of this substance. Until now he had thought the absorption of sulphur and phosphorus was solely due to the chemical action of the alkalies present in the intestinal juices. This investigation, the result of which he now details (*Union Méd.*, June 4), has convinced him that such absorption is especially due to the fatty matters contained in the alimentary substances. These fatty matters, after effecting the solution of the sulphur and phosphorus, serve as the vehicle for their introduction into the economy. It is even probable, at all events as regards phosphorus, that their absorption as a simple body is the general rule, absorption in consequence of chemical reaction being the exception. The proof that such is the case in poisoning by phosphorus is, that while abstinence and the taking emollient or acidulated drinks have apparently led to a cure, the ingestion of alimentary matters develops all the symptoms of poisoning, the patient usually dying. The phosphorus so absorbed may remain several days within the economy without undergoing any sensible change, its union with the fatty matters enabling it in great part to escape the action of the chemical agents with which it comes in contact, and to thus diffuse itself through all the living tissues in the same manner as poisons soluble in water. This explains why, when we perform the autopsy in the dark of an animal that has been poisoned by phosphorus, its tissues give out the phosphorescent light and aliacious smell. It also explains why some persons have been poisoned after eating the flesh of domestic animals, such as fowls or pigs, which have eaten phosphoric paste. We can, then, adopt M. Tardieu's statement that phosphorus is poisonous of itself, and acts only on the economy in a state of isolation and purity. The extremely poisonous character of phosphuretted hydrogen presents no objection to this theory, since instantly that this is introduced into the blood it gives rise to the production of water

and the precipitation of phosphorous in a state of minute division eminently suited for the development of its deleterious action.

Two practical consequences are deducible from what precedes. First, in poisoning by phosphorus it is indispensable to expel this toxic agent as rapidly as possible from the economy by aid of acidulated laxative drinks, and to place the patient in a state of abstinence, or at all events prohibit his taking any food containing fatty matter; and secondly, that when phosphorus is administered therapeutically it is best to give it dissolved in a heated fatty body, which prevents its undergoing change, and insures its complete absorption. Acting in this way, we avoid entirely the local action of the phosphorus which is not the case when it is prescribed dissolved in ether or chloroform. These two substances being soluble in a large quantity of water, the whole or part of the phosphorus is set at liberty by the alimentary fluids, and, becoming deposited on the mucous membrane, gives rise there to more or less inflammatory action.—*Med. Times and Gaz.*, June 13, 1868.

Hyperostosis of the Entire Skeleton.—

Professor FRIEDREICH, of Heidelberg, observes that cases of hyperostosis of single bones or of groups of bones, such as those of the face, skull, or pelvis, are common; but instances where nearly or quite all the skeleton is involved are extremely rare. Saucerette describes a case in which the weight of a man increased from 119 to 178 pounds, although the soft parts were wasting. W. H., a shoemaker, aged 26, came to Professor Friedreich's clinic in May, 1867. In 1859 he observed, without obvious cause, one of his feet, and gradually the leg, to become thicker, and about two years later both hands underwent considerable enlargement. On admission, the hands, feet, and legs presented an elephantine appearance, and on feeling the parts, the enlargement was found to depend upon increase of bone. The phalanges and metacarpal and metatarsal bones were enormously thickened. The enlargement was especially great at the epiphysis end of the bones, although the diaphyses were also in a monstrous condition—the greatest amount of hyperostosis being observed at the wrist, ankle, and patella, this last remaining movable. The bones of the thigh and

humerus were less enlarged; and, indeed, all the bones of the skeleton participated more or less in the changed condition—the crista illi, the ribs, and the spinous processes of the lower cervical and upper dorsal vertebrae being all excessively enlarged. The clavicles were double their normal circumference. Among the bones of the face, the zygoma, palate bones, and the alveolar processes were by far the most affected, the teeth having undergone no change. The hyoid bone was remarkably broad and thick. The vault of the cranium exhibited no deformity, and there were no irregularities or exostoses on the smooth surfaces of any of the bones of the body. Some measurements may give a more exact idea of the case. In a total length of the body of 167½ centimetres, the plantar surfaces on each side measured 11 centimetres across. The circumference of the leg at the ankle measured 37; that of the wrist 24. The circumference of the right knee was 44, and of the left 37. The breadth of the tibia was 7½, and of the clavicle 3. The cartilaginous structures participated to a considerable extent in the hypertrophy, as in the ear, tarsus, epiglottis, and in a less degree the vomer. The cartilages of the larynx and the rings of the trachea had undergone no change. The nails had attained a colossal size, those of the thumbs measuring 3½, of the middle finger 2½, and of the great toe 4 centimetres. The skin of the body was somewhat hard, and the muscular tissue flabby. The patient introduced to the Professor as remarkable a case as his own in the shape of his brother, aged 22, who, in his 17th year, had also begun to observe the same changes. We need not repeat the description of the changes, which, although existing in a somewhat less degree at present, were no less universal and remarkable. The elder brother's case is illustrated by a photograph.—*Med. Times and Gaz.*, June 13, 1868, from *Virchow's Archiv*, April 8, 1868.

Present State of Health in London.—

It is stated (*Lancet*, July 11, 1868) that there is a rapid and serious increase of diarrhoea in London and other large towns. In the week ending June 6th, the deaths from this cause in London were only 27. In the four following weeks they were 31, 66, 171, 286. In the earlier weeks of the

present unusual heat, according to Dr. Glover, the most noticeable effect upon health was a degree of asthenia, with more or less discomfort in the stomach and bowels. Diarrhoea had not shown itself to any serious extent. The mortality of London and the large towns was very low. It, has, however, gone rapidly up. The mortality, instead of being 19 per 1000, was last week at the rate of 25 in London, 26 in Liverpool. Of the 577 deaths from zymotic diseases in London, 286 were from diarrhoea, 19 from "cholera," or choleraic diarrhoea. Of the 286 persons, 230 were children under one year of age. It is probable that we have not seen the full development of this complaint, unless, indeed, we have an unlikely change in the weather. The meteorological character of the season is such as to throw light on the causation of diarrhoea. A very high temperature and extreme drought are conditions that generate this complaint on an epidemic scale. The fruit theory of its causation is not tenable: witness the age of its principal victims.

Births in Vienna during 1867.—During 1867 there were born 11,850 legitimate infants (6155 males, and 5695 females) and 12,152 illegitimate infants (6300 males, and 5852 females). Of this number about 9000 were contributed by the Foundling Hospital. The illegitimate births therefore exceeded the legitimate by 302, the total number of births being 24,002 (12,455 males, and 11,547 females), 22,593 belonging to the Roman Catholic faith. The twin-births were 552—viz., two boys in 176, a boy and a girl in 186, and two girls in 190. Triplets occurred three times. There were 974 children (565 males, and 409 females) born dead, 474 of the number being legitimate, and 500 illegitimate.—*Med. Times and Gaz.*, June 13, 1868, from *Zeitschrift für gerichtliche Med.*, June 2.

The Kindred of the Dodo.—A most interesting paper has been read to the Royal Society on the much discussed subject of the Dodo of Mauritius and its relation to the Solitaire or Dordine Bird of the island of Rodriguez. In 1863, the British Association, at the instance of Mr. P. L. Sclater, made a liberal grant to aid researches for the bones of the kindred of the Dodo. Owing to several causes, the scarcity of labourers in Rodriguez being chief, nearly a year

elapsed before these could be begun. But in 1866, a band of coolies having been expressly sent thither to dig in the cave, a very large collection of the bones of this bird, amounting to nearly 2000 specimens, was obtained. These specimens included almost all the most important parts of the skeleton, and furnish Mr. A. and E. Newton with the material for the present paper. They give a careful account of its osteology, and discuss at length the cause of its extinction within modern historic time. They attribute it to the European custom of liberating pigs, who multiplied with such extraordinary rapidity, that in or about the year 1708 about 1500 had been slain in one day. It is plain that where these abounded inactive birds could not long survive. Finally, discussing the relations of the air fauna of the Mascarene Islands, they are mutually led to infer a common ancestry, and are compelled to the belief that there was once a time when Rodriguez, Mauritius, Bourbon, Madagascar, and probably the Seychelles, were connected by dry land, and that that time was sufficiently remote to permit of the descendants of the original inhabitants of this now submerged continent to become modified into the many different representative forms which are now known. Whether this result can have been effected by the process of "natural selection" must remain an open question; but that the Solitaire of Rodriguez, and the Dodo of Mauritius, much as they eventually came to differ, sprang from one and the same parent stock, seems a deduction from the facts so obvious, that the authors can conceive no one fully acquainted with the facts of the case hesitating about its adoption than he can doubt the existence of the Power by whom they were thus formed.—*Brit. Med. Journ.*, June 20, 1868.

Effects of Traumatic Lesions of Nerves.

—In our last No., p. 110, we gave a brief notice of a memoir on this subject by M. Paulet. We have since received the following fuller report of the results of the investigations of M. Paulet, which we now transfer to our pages:—

M. PAULET recently read at the Paris Surgical Society a highly interesting memoir on the Effects of Traumatic Lesions of Nerves, in which he arrived at some remarkable conclusions. Examining in detail the results derived from experimental

physiology, as reported during the last half-century, he finds the general conclusion is that a divided nerve is capable of true regeneration, and that such regeneration is a *sine quâ non* of a restoration of the function lost by the division of the nerve. Next, the period of time requisite for this regeneration may occupy one or many months, according to the amount of loss of substance, or the degree of separation between the divided ends, while, when the loss of substance exceeds a certain limit, restoration will never be accomplished. But when he comes to examine recorded facts derived from clinical experience, he finds that they lead to very different conclusions to those deduced from experiment. The facts he has collected show that the re-establishment of function takes place long prior to the periods fixed by the physiologists, and that both sensibility and motion have been re-established, although the loss of substance in the trunk of the nerve has never been repaired. He divides his cases into two categories, those in which there has been simple neurotomy, and those in which this has also been accompanied by excision. Of the ten examples of the first which he has collected, he finds that in four the nervous influence was restored before the possibility of the production of a cicatrix permeable to the nervous influence, while in three instances the continued separation of the extremities of the nerves was demonstrated by preparations. Among the eighteen cases of neurotomy with excision that he has collected, in some the functions were very soon re-established, while in others, in which this required a much longer time, so much of the nerve had been removed as to exclude all idea of its reproduction. In some cases excision of an important nerve in nowise disturbed sensation or voluntary motion. M. Poulet passes in review the various explanations that have been given of the return of nervous function, without finding any of them satisfactory, and he has instituted experiments on animals without obtaining any elucidation; nor does he believe that it is in this direction that the explanation will be found, clinical observation carefully conducted being really what is required.—*Med. Times and Gaz.*, April 4, 1868.

—*How Quacks were treated in London in the Fourteenth Century.*—The Corporation of London have published a very inter-

esting volume, which is edited by Mr. Riley, entitled "Memorials of London and London Life in the Thirteenth, Fourteenth, and Fifteenth Centuries." These memorials consist mainly of a series of extracts from the archives of the City of London. The condition of our profession at the time is illustrated by a number of interesting facts. However much we may have improved in many respects, it is certain that our forefathers had a keen sense of their duty towards unqualified persons who assumed to be possessed of medical knowledge. They were punished with a rigour which would be incompatible with modern customs, but which affords a striking contrast to the lenient way in which medical impostors are now treated. The following instance in particular is worthy of mention: One Roger Clerk professed to be learned in the art of medicine, and prescribed, for a woman suffering from fever, the hanging of a certain document round her neck, containing certain words which he stated were an antidote to the disease under which she suffered. The charm did not work. He was summoned before the mayor and aldermen in the Guildhall of London, at the instance of the husband of the patient, to show upon what authority he practised the art of medicine. His own statement was sufficient to convict him of being a rogue and an impostor, and he was forthwith ordered to be placed in the pillory, and therein to be punished for the offence he had committed against society. His progress to the pillory is thus graphically described: "It was adjudged that the same Roger Clerk should be led through the middle of the city, with trumpets and pipes, he riding on a horse without a saddle; the said parchment and a whetstone, for his lies, being hung about his neck, an urinal also being hung before him and another urinal on his back."

The offence which Roger Clerk committed was venial compared with some of the flagrant crimes which quacks nowadays too frequently perpetrate. If he was righteously punished, how should we mete out punishment to the harpies and villains of our time who prey upon the weakness and credulity of the miserable victims who are attracted by their infamous advertisements to place themselves under their care.—*Lancet*, July 11, 1868.

Encouragers of Quackery.—Among the people of fashion in London quackery is cultivated. Can one wonder at lying advertisements, when it is known that Garrick, Longdale, and the Bishop of London were for a while the patients of Myersbach? These were men of sense; but what is the intellectual state of our nobility? Perpetually enslaved by the novelty of fashion, however *outré*, they acquire a constitutional propensity to imitation in everything, and leave their physician as they quit an old coat.—*Ibid.*, from *Lettsom's Letters*.

Our Ancestors.—Were they pigmies, or giants, apparent apes, or possible philosophers? Have we improved upon their structure? or are we physically degenerate? Strangely enough, this question of fact is still at issue. M. Lartet, at the last session of the *Société des Savantes*, gave an account of his scientific explorations in Dordogne, and of the bones, including three crania, which he examined, and of which the age is fixed as of the earliest quaternary period—the age of the mammoth. He dwells on the remarkable length and prodigious strength of the bones of the limbs. With this, the crania are remarkably large; and the brains which filled these capacious cases must perforce have been of considerable size. These skulls, he adds, are far from presenting the characters of inferiority which the school of "development" would attribute to our ancestors.—*Brit. Med. Journ.*, July 11, 1868.

Medical Faculty of Paris.—M. DENONVILLIERS, Professor of Operative Medicine, has been transferred to the Chair of Clinical Surgery in this faculty, in place of M. Jajavy, lately deceased.

Royal Institution.—Dr. ODLING, Prof. Chem. at St. Bartholomew's Hospital, has been elected Fullerian Prof. Chem. in this inst. to succeed the illustrious Faraday.

Reported Death of Pirogoff.—At the meeting of the Academy of Medicine of Paris, M. Jules Guérin stated that M. Pirogoff, who is a correspondent of that learned body, had not met with the tragic death, as stated in some journals, but was living at his country seat near Odessa.

PART IV. Ready next Week.

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This great and exhaustive work on venereal diseases deserves the patronage of the entire medical public.—*Nashville Med. Journal*, May, 1868.

We can only recommend our readers to buy it, read it, and study it in its parts. We wish to add but one remark in commendation of the typography of the work. This might be said in a single word to be faultless; but the beautiful paper, the brilliant type, the magnificent and lifelike illustrations, make it, in our estimation, the handsomest medical work ever issued from the American press.—*Leavenworth Med. Herald*, July, 1868.

We have already expressed the highest commendation of the Parts I. and II. of this truly grand monograph. We cannot too often recommend to our readers the purchase of the work.—*St. Louis Med. Reporter*, June 15, 1868.

This is a very handsome edition in English of a well-known and highly valued French publication. That Dr. Bumstead, the author of by far the best and most popular treatise on venereal diseases in the English language, should think it proper to translate and edit this one, speaks more highly in its favor than anything that can be said. It is a judgment *ex cathedra*. The translation is an excellent one. The plates in the first Part represent blennorrhagia and its complications, swelled testicle, and gonorrhoeal ophthalmia. They are admirably and artistically executed. Indeed, they are superior to any illustrations of the kind hitherto executed in this country. The notes added by Dr. Bumstead enhance the value of the work. The whole getting-up of this publication is of rare excellence, and most creditable to all concerned.—*American Journ. of Med. Sciences*, April, 1868.

The reception of Part First of this splendid work was acknowledged on page 213 of the Journal. Part Second, just received, more than sustains the high anticipations which the first awakened. The artistic execution of the work does high credit to the publisher. A friend who is familiar with the original assures us that the plates in the American edition are, in every particular, equal if not superior to the transatlantic copy. Prof. Bumstead has discharged his duties as editor with great fidelity. Himself a "dualist," and Cullerier a "unitist," he

nevertheless comments with perfect candor, and the fairness of assured strength. These two sections alone are worth more than the cost of the complete work. This fasciculus is concluded by the commencing chapter of the section on soft chancre, with the best illustrative plates we have ever seen. We await the completion of the work with extreme interest, and in the meanwhile strongly recommend it to all of our readers at all interested in the subject.—*Chicago Med. Journal*, May 15, 1868.

These are, without doubt, superior to any book of the kind ever before presented to the public. They must impress every one familiar with the appearances in venereal disease, with their truthfulness and elegance of mechanical execution and finish, furnishing to the student clinical lessons scarcely less perfect than the original cases of which they are transcripts. The copies in Dr. Bumstead's translation of these admirable plates are in no respect inferior to the original, and reflect very great credit, not only on the artists, but on the enterprise of the publishers, who have evidently spared no expense in their execution; and it seems to us that on account of these numerous and beautiful illustrations alone, the translation will meet with a cordial welcome from the profession in this country, especially from those who are deprived of the clinical advantages afforded by a hospital and city practice. The translation is executed in a masterly way, and the book is altogether unexceptionable in style and typography.—*N. Y. Med. Record*, May 15, 1868.

We have received Parts I. and II. of this magnificent Atlas of Venereal Diseases. It is to be completed in five Parts, printed in this elegant style, with the finest illustrations of syphilis which have ever appeared in this country. When complete, this translation of Cullerier will afford those who are particularly interested in this specialty, a full and desirable text-book.—*Cincinnati Lancet and Observer*, May, 1868.

We desire now especially to call the attention of the profession to the appearance of this magnificent work.—*N. Y. Med. Journal*, April, 1868.

This is probably the handsomest work of its class ever published in this country.—*Boston Med. and Surg. Journal*, April 15, 1868.

It appears to be a work of extraordinary merit. We do not recollect to have seen anything from the press in America equal to it in execution, as regards the paper, typography, and plates. The plates are truly superb, and can scarcely be surpassed by the living originals. The name of the translator will go far towards inspiring the profession in America with confidence in the value of the work, while his notes and comments furnish an important addition to the text.—*Pacific Med. and Surg. Journal*, May, 1868.

* * * A specimen of the Text and Plates will be sent free by mail on receipt of 25 cents.

HENRY C. LEA—Philadelphia.